

**PART B—ISSUE FEE TRANSMITTAL**

Complete and mail this form, together with application fees, to:

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Washington, D.C. 20231

APR 8 2001

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SK

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MARK G. KACHIGIAN  
HEAD, JOHNSON & KACHIGIAN  
228 WEST 17TH PLACE  
TULSA OK 74119

QM32/0110

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Any additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

**Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Mark G. Kachigian (Depositor's name)  
*Mark G. Kachigian* (Signature)  
4-5-01 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/414,701	10/08/99	008	PIERCE, W	3711 01/10/01
First Named Applicant	NALLY,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION NET SCORING SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 41920-00660	473-473.000	A45	UTILITY	NO	\$1240.00	04/10/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Head, Johnson & Kachigian*

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Sportcraft, Ltd.

## (B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Mt. Olive, New Jersey

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

4/5/01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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**DOCKET RECEIVED****ATTORNEY**

JAN 12 2001

REB

**ACTION DUE:**ISSUE FEE w/ drawing  
due 4-10-01

04/10/2001 TRADEMARK 0000061 09414701

01 FEE142

1240.00 00

02 FEE143

36.00 00

**TRANSMIT THIS FORM WITH FEE**